

INDIANA CEPARTMENT OF FOMELAND SECURITY

DODE SERVICES SECTION 302 West Washington Street, Room W246 Indianapolis, IN 48204-2739 ratio (Iwww.in.cov/ohertice/ip.bs.comm.code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department) 17-05-13

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|--|--|--|--|--|
| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usu | fally this is the owner) | | | |
| Kahlii Mwaafrika | Center Director | | | |
| Name of organization | Telephone number | - 1, | | |
| Day Early Learning | (317) 291 8048 | | | |
| Address (number and street, city, state, and ZIP code) | | | | |
| 5735 W. 73 rd st | | | | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) | | | | |
| Name of applicant | Tille | | | |
| | | | | |
| Name of organization | Telephone number | | | |
| | () | | | |
| Address (number and sines) only state, and ZIP code! | | | | |
| | | | | |
| 3. DESIGN PROFESSIONAL OF RECORD (If applicable) | | | | |
| Name of design professional | ក្រុទ្ធមន្តត បក់ឃុំខ្លួន | | | |
| Candace Berger | www.commonwearcommon.common.com | and the second | | |
| Name of organization | Telephone number | | | |
| Envirospace 170 and 17 | (317) 909 9790 | | | |
| Address (number and street city state, and ZIP code) | | | | |
| | | | | |
| | | 7.7.4.7 | | |
| 4. PROJECT IDENTIFICATION | State project member | County | | |
| Name of project | State project number | County | | |
| Name of project Day Early Learning | State project number | County | | |
| Name of project Day Early Learning Address of site (number and street, city, state, and ZIP code) | State project number | County | | |
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| Name of project Day Early Learning Address of site (number and street, city, state, and ZIP code) 5735 W. 73 rd st Type of project | | County | | |
| Name of project Day Early Learning Address of site (number and street, city, state, and ZIP code) 5735 W. 73 rd st Type of project New Addition Alteration Change of occupancy | State project number | County | | |
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| 7. DESCRIPTION OF REQUESTED VARIANCE | | | |
|--|---|--|--|
| Name of code or standard and edit on involved | Specific code section | | |
| 1008.1.9.1 - Lever hardware or other compliant | 1008 , 807 | | |
| arrangement provided in lieu of door knobs. | | | |
| 807.1 - Curtains, drapes, hangings and other decorative materials have proper flame spread rating. | | | |
| Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) The variance to address 1008 1,9.1 would allow for current lever hardware, to remain on the doors in our foddlers and two year olds rooms. The concern is that with the flegdling curiosity and walking skills of that particular age demographic, poses a great risk exists, for children running out of rooms unattended and unsupervised. | | | |
| The variance to address 807.1 would allow a waiver for providing blinds have been in place since 2009 and have passed all subsequenchase. We have had the blinds inspected for product numbers | uent inspections. We have not say | ved the packaging from the initial | |
| B. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFA | RE WILL BE PROTECTED | | |
| Select one of the following statements: | | | |
| Mon-compliance with the rule will not be adverse to the public health. | | | |
| Applicant will undertake alternative actions in lieu of compliance with public health, safety, or welfare. Explain why alternative actions would | | variance will not be adverse to | |
| Facis demonstrating that the above selected statement is true: The maintenance of current door handles eliminates the possibility of children being able to leave the room voluntarily. | | | |
| Regarding the blinds , in the case of a fire the placement of the bli on windows , which are on the outskirts of classrooms , which wou have regaularly serviced sprinklers and fire alarm system in place fire retardent. | ıld render them inconsequentiai in | a fire situation. Additionally, we | |
| | | | |
| 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIG Select at least one of the following statements: | NIFICANT STRUCTURE | | |
| Imposition of the rule would result in an undue hardship (unusual diffict | มให) because of ohysical limitations of th | Te construction site of its willty services. | |
| Emposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure. | | | |
| Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. | | | |
| Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure. | | | |
| Facts demonstrating that the above selected statement is true The replacement of knob doors with levers would eliminate the practical usage of door knobs, making it an unsafe environment for Toddlers and Two year olds | | | |
| The cost to either replace or relard the current blinds would be excessive and cause an extreme financial burden on our center considering our Not - for- Profit status and learly tight budgetary restrictions | | | |
| | | and the same of th | |
| | | | |
| 10. STATEMENT OF ACCURACY | A A A A A A A A A A A A A A A A A A A | | |
| hereby certify under penalty of perjury that the information contained in this application is accurate | | | |
| Signature of applicant or person submitting application Pleas | se print name | Data of signature (month, day, year) | |
| Signature ofices an professional (4 applicable) Pigar | ahil Mwaatrika | Date of signature (month, day, your) | |
| | van de de la companya | | |
| 11. STATEMENT OF AWARENESS (If the application is submitted or | o the applicant's behalf, the applica | nt must sign the following statement) | |

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I hereby certify under penalty of perjury that t am aware of this request for variance and that this application is being submitted on my behalf.